

2553

MARGIN RESERVED FOR BINDING  
USE PERMANENT INK

ARIZONA STATE BOARD OF HEALTH

(This return should preferably be made  
by the person who made the original)

BUREAU OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. <sup>135</sup>

Place of Birth Miami, Arizona  
(Registration District)

No. \_\_\_\_\_ St. \_\_\_\_\_

SEX OF CHILD*	Twin	}	and	}	Number
<u>Female</u>	Triplet or other?				in order of birth
					<u>1</u>

I HEREBY CERTIFY that the child described herein  
has been named

DATE OF BIRTH January 18, 1916  
(Month) (Day) (Year)

Eleanor Fuller  
(Give name in full) (Surname)

FULL NAME Thomas Edmund Fuller  
FATHER

Mary Fuller  
(Parent's Signature)

FULL MAIDEN NAME Mary Fuller

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

5M 5/20/41

569-118-484